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FIGHTING CANCER TOGETHER

The Role of Civil Society in Driving Integration of HPV, Cervical Cancer and HIV services as Countries Accelerate Towards Elimination of Cervical Cancer

Every country can eliminate cervical cancer

No conflicts of interest to disclose

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The clock to 2030 is ticking

Zainab Shinkafi-Bagudu
UICC board member, Nigeria

UICC recommends three early steps:

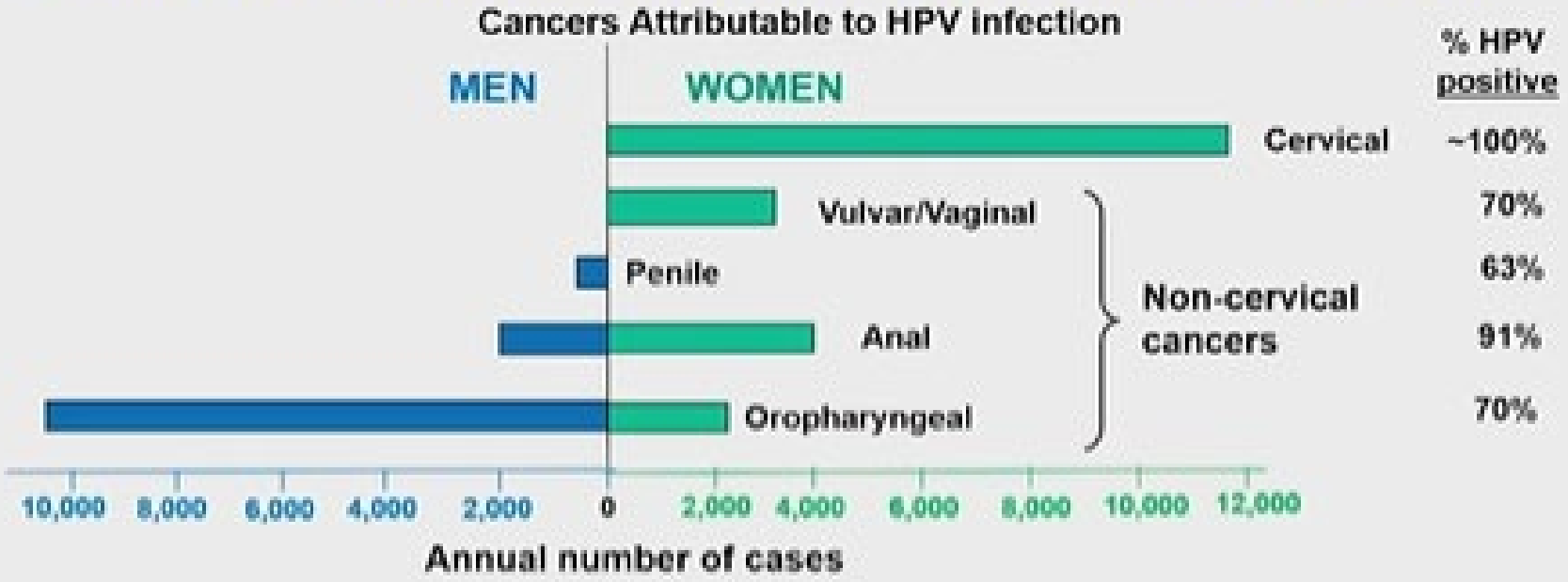
1. We urge you to press governments to make a public commitment to elimination and to girls and women in their populations
2. We urge you to encourage harnessing WHO modelling of elimination in your country for a feasible and galvanising timeline for state and national level action.
3. With this timeline in mind and embracing the 2030 targets, can we urge early update of state or national cancer control plans and a dedicated costed strategy to cervical cancer elimination.

Who will be the champions to step up and take a lead on an integrated approach in your country ?

HPV Vaccination vs. cervical cancer screening

- **Screening:** only for cervical cancer
- **Vaccination:** for all HPV-associated diseases caused by HPV types protected by vaccination
- **For cervical cancer:** substantial overlap between disease prevention by vaccination & screening
  - Screening: for current generation of women
  - Vaccination: for next generations of women

USA: HPV-associated cancers affect both sexes



- Total number of HPV-positive cancers = ~33,000. 60% women; 40% men
- HPV16/18: Accounts for ~70% of cervical cancers, ~90% of non-cervical cancers
- Pap screening has reduced cervical cancer incidence by ~80%
- Incidence of HPV-positive oropharynx cancer 1988-2004 increased >3-fold

Adapted from Van Dyne, et al., MMWR, 2018; https://www.cdc.gov/cancer/hpv/statistics/cases.htm

Key message 1 - Civil society organisations stand ready to advocate for ADOPTION and are key players in building DEMAND for elimination services

Screening for the current generation is the natural focus

However:

- CSOs want and need training and technical support to navigate the science and interplay between all three targets
- *Cut and paste* from high income country positioning will not suffice, this is often encouraged by private sector representatives
- The policy asks and supporting positions needs to be nuanced to the country burden and current development of health system response
- The role of HPV-HIV co-infection and recommendations needs to be understood in the country context

Without sustainable funding we are stuck in the starting blocks

Special Focus Dialogue - Cervical Cancer Elimination: A need for and driver of health convergence

Advocacy Networks

jhpiego
Saving lives. Improving health. Transforming futures.

Wednesday, January 27, 2021

A Virtual Dialogue on the need for convergent thinking from health donors, policy-makers and implementers for successful integration, synergies and continuity of care – what are the gaps for true acceleration towards 90:70:90?

A deep dive on the vision of global health convergence and the opportunity to leverage the national response to the global elimination strategy to facilitate a fresh approach to prevention, early detection and timely treatment and palliative care, as well as catalysing movement towards harmonised global efforts for amplifying impact.

Held following the 18-24 January cervical cancer awareness week marked by many organisations around the globe, and in the run-up to World Cancer Day on 4th February, this Virtual Dialogue provided a dedicated spotlight on cervical cancer elimination.

This dialogue was held in English, with French language translation available for French-speaking participants.

Malawi a current conversation with WOCACA and COWLHA – a first for cancer and HIV support groups

- At the outset with respect to cervical cancer screening, we experienced push back from traditional leaders and particularly men in the community.
- These are now addressed and WLHIV readily seek cervical cancer screening
- The challenges are access-related:
- Staff have been rotated to other sites; Equipment or commodities not available; Too many women on that day
- WOCACA liaises between communities and screening locations; provides stop-gap commodities; transport cots when they can … this is not a scalable model.

An opportunity to generate a more positive attitude among staff, energise the system and really engage health workers to be supportive of women. Only when every woman was counted did we see progress in maternal health – we want this for cervical health too.

https://www.uicc.org/blog/building-demand-cervical-cancer-elimination-services-malawi

Mali and UK conversations

Mali – designing a pilot service looking at integration of cervical screening with Female Genital Schistosomiasis

- No interest in testing for HIV among local partners – not our job, done in another department.
- Despite emerging guidance from WHO and UNAIDs with nuanced recommendations for women living with HIV

UK – Jo's Trust, long term grassroots support for women

- High level of fear that HPV positive means cancer
- Fear of stigma of HPV
- Critical role of counselling along the screening and treatment pathway

Key message 2 – siloed thinking and actions need to be addressed before we can realise the women-centred care and integration

Siloed funding is leading to persisting siloed thinking and implementation at grassroots level

- CSOs from the HIV and cancer domains can work together, but need to be encouraged to do so.
- Researchers and progamme leaders also need to be challenged to think differently – this is not always going to be a top-down process

Co-testing starts with careful information and attention to avoiding further stigmatisation:

- Women living with HIV
- Girls and women at risk of HIV
- Women coming to screening that do not know their HIV status

The 5-I Framework for action – pertinent for HIV-HPV co-testing

Innovation (product and process)	• Technologies • Innovative delivery strategies
Investment (global and local)	• Increased and coordinated global investment • In-country investments
Integration (services & messaging)	• Integration at service delivery and demand generation level
Information (data for action & accountability)	• Real time data for noting gaps in coverage • Costing data to design most efficient delivery strategies
Influence (advocacy, communications)	• Civil society engagement, advocacy to generate and maintain political will

Acting on the call: A framework for action for rapid acceleration of access to the HPV vaccination in low- and lower-middle-income countries IJGO 2021

Kumar, Torode, Bhatla et al. https://pubmed.ncbi.nlm.nih.gov/33185283/

Key message 3: A fresh look at national elimination strategies is a chance to build an enabling environment

- Implementation research in and with communities and women for scalable models of care
- Breakdown stigma and shift to a prevention mindset in our communities
- Maximise touchpoints women have with the health service for improving cancer health literacy and access (integration of detection services with primary care, SRHS, HIV …)
- Focus on access for poor and vulnerable groups, including women living with HIV, without adding to the stigma and must include financial protection for cancer patients
- Prioritise access to testing and follow up for quality outcomes and not forgetting the high unmet need for palliation and support for women at early and late stage disease

EQUITY

INTEGRATION

QUALITY OF CARE

Thank you

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